

“Medical Equipment Donation Scheme (for Community Services)” Donation Form

- ☒ Yes, I would like to support “Medical Equipment Donation Scheme (for Community Services)” to help the needy people with Tung Wah :
(Please tick the appropriate box(es) ; and “*” delete if inappropriate.)

Donation information

- ☐ **Donation in support of procurement of medical equipment** [Please mark the quantity in the appropriate box(es)]

No.	Cost (\$)	Qty.	No.	Cost (\$)	Qty.	No.	Cost (\$)	Qty.	No.	Cost (\$)	Qty.
A1	104,000		A17	28,500		B33	49,800		B49	9,000	
A2	66,000		A18	28,000		B34	45,000		B50	8,000	
A3	57,600		A19	27,050		B35	33,000		B51	5,000	
A4	53,343		A20	25,789		B36	30,000		B52	5,000	
A5	49,998		A21	25,500		B37	28,000		B53	5,000	
A6	48,850		A22	22,857		B38	24,000		B54	3,900	
A7	46,157		A23	20,892		B39	23,478		B55	3,800	
A8	45,346		A24	20,375		B40	18,500		B56	3,500	
A9	44,100		A25	20,000		B41	18,000		B57	3,000	
A10	40,000		A26	20,000		B42	16,830		B58	3,000	
A11	34,007		A27	12,500		B43	16,000		B59	2,745	
A12	33,270		A28	3,250		B44	15,000		B60	2,500	
A13	31,600		B29	188,000		B45	15,000		B61	2,200	
A14	30,000		B30	165,000		B46	14,500		B62	1,500	
A15	30,000		B31	70,000		B47	14,000		B63	1,180	
A16	29,790		B32	62,000		B48	14,000				

(1) Yes, I would like to donate a total sum of HK\$_____ for procurement of the above sponsored medical equipment. (If the above equipment is already donated by other well-wisher, I agree to allocate my donations to other much-needed medical equipment and facilities.)

(2) Acknowledgement on the equipment (Your name will be inscribed on the equipment you donate.) :

☐ *Thanks to* _____ ☐ *In memory of* _____

☐ **General donation**

I would like to donate HK\$_____ in support of “Medical Equipment Donation Scheme (for Community Services)”.

Donor’s information

Donor name for acknowledgement arrangements	
Mr./Ms.*	
Address	
Daytime tel. no.	E-mail
Date of birth	DD/ MM
Signature	Date
Donor’s message	

Donation by cheque

Cheque no.: _____
(Please make your crossed cheque payable to “Tung Wah Group of Hospitals” and mail to us with this completed form for a donation receipt.)

Payment by credit card (Credit card donation can be made by faxing this form to 2559 6835.)

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card number	
Issuing bank	
Card valid until	MM/ YY
Cardholder’s name	
Mr./Ms.*	
Signature of cardholder	Date

Online donation (for credit card donation)

You can use your credit card to make donation at our website : www.tungwah.org.hk. You do not need to return this form to Tung Wah. Receipts will be issued according to your record with us.

Donation receipt

<input type="checkbox"/> Please issue donation receipt	Remarks 2
Name on receipt: _____ Mr./Ms.* (if different from donor name)	
<input type="checkbox"/> To help save administrative costs, please do not send me a donation receipt.	

Please send me

☐ _____ pieces of information on “Friends of Tung Wah” monthly donation scheme.

Remarks

- Please complete and return this form together with the donation to Tung Wah Group of Hospitals. Please write “Tung Wah Group of Hospitals Freepost No. 10” on the front of an envelope. No postage is required. You may either fax the form to 2559 6835 in advance.
- Donation of \$100 or more to Tung Wah is tax deductible.
- Please call the Fund-raising Division of Tung Wah Group of Hospitals at 1878 333 or 2859 7538 for details.
- Your personal data will be used for receipting and fund-raising purposes only.

For TWGHs use

Received on		Receipt issued on	
Receipt no.	R	Receipt/TYL sent on	
Donation A/C name	CMEDS(CSD)	Amount (HK\$)	